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PTO/SB/21 (09-04) Approved for use through 07/31/2008. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/600,061 TRANSMITTAL Filing Date 20 June 2003 **ABCEIVED** First Named Inventor **FORM** LINA, Cesar Z, et al Art Unit Examiner Name Melanie Jo Hand (to be used for all correspondence after initial filling) Attorney Docket Number 18 VAC.567.1.US Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC **√** Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC **√** Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please identify Terminal Disclaimer Extension of Time Request below): Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Kinetic Concepts, Inc. Signature Printed name Robert W. Mason Date Reg. No. 01 May 2006 42,848 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature

This collection of Information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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01 May 2006

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Robert W. Mason

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete If Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FECE Application Number 10/600,061 CENTRAL FAX CENTER Filing Date 20 June 2003 For FY 2006 First Named Inventor LINA, Cesar Z, et al 1 2006 Examiner Name HAND, Melanie Jo Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3761 TOTAL AMOUNT OF PAYMENT (\$) 1.020.00 Attorney Docket No. VAC.567.1.US METHOD OF PAYMENT (check all that apply) Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number, 500326 Deposit Account Name: Kinetic Concepts, Inc For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES** SEARCH FEES **Small Entity** Small Entity **Small Entity** Fees Pald (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Eee\_(\$) Fee (\$) 300 Utility 150 500 250 200 100 200 100 100 Design 130 50 65 200 Plant 100 300 160 150 80 300 Reissue 500 600 150 250 300 200 Provisional 100 0 0 Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee Description Fee (\$) 50 25 Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims** Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims

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SUBMITTED BY			
Signature	Collect W. Mason	Registration No. (Attorney/Agent) 42,848	Telephone 210 255 6271
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